d state ortant.	APR 1 7 1935 BUREAU OF V	BOARD OF HEALTH ITAL STATISTICS ITE OF DEATH O(10)	
stated EXACTLY. PHYSICIANS should statement of OCCUPATION is very impor	1. PLACE OF DEATH County Registration District No. 34 File No. 54 Township Primary Registration District No. 34 Registrated No. 54 City NAME (No. 53 No. 54 No.		
of O	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
i EX.	3. SEX 4. COLOR OR BACE 5. SINGLE MARRIED, WIDOWED OR DIVORGED (write the word)	21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 26	, 1935
d be stated xact stater	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	22. I HEREBY CERTIFY, That I attended december 1974, to Made 7. 6. I last saw had alive on 3 - 2 4 19.35 De	
GE should be sified. Exact	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) / 0 - 26 - / 84 5 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	as follows:
B.—Every item of information should be carefully supplied. AGE shouss OF DEATH in plain terms, so that it may be properly classified.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) spent in this occupation.	Other contributory causes of importance:	8-1-24
n should be can ms, so that it n	12. BIRTHPLACE (CITY OR TOWN). Salve (STATE OR COUNTRY) 13. NAME 14. BIRTHPLACE (CITY OR TOWN). CITY OR TOWN). (STATE OR COUNTRY)	Name of operation	
em of informatio	15. MAIDEN NAME Mary E. Brown 16. BIRTHPLACE (CITY OR TOWN) 17. INFORMANT MANY E. WE Custe	23. If death was due to external causes (violence), fill in also the folio Accident, suicide, or homicide?	, 19 ite)
N. B.—Every ite CAUSE OF DE	18. BURIAL CREGATION, OR REMOVAL PLACE ENGLISHMENT 3-27 30 19. UNDERTAKER SILLIFON SOME STATE (ADDRESS) 20. MyED S 1335 K Harry Ltn. Registrar.	Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased [If so, specify (Signed) (Address)	7. /Zo , M. D.
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